## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

## **CLAIMS**

	AS FILED		AFTER  1* AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL DEP.		+	47	<b>(-</b>		<b>←</b>
TOTAL CLAIMS			48			

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